

MUSIC Guides and Outfitters Supplemental Application

Applicant's Name _____

Agent Name _____

DBA _____

Address _____

Mailing Address _____

Proposed Effective Date:

From _____ To _____

Web Address _____

(12:01 am Standard Time at the address of the Applicant)

States of Operation _____

Applicant is:

Years of Experience _____ years

Individual

Joint Venture

Years doing business under current name _____ years

Corporation

LLC

Partnership

Other

Limits of Liability Requested

Each Occurrence	\$
Personal & Advertising Injury	\$
Products & Completed Operations Aggregate	\$
General Aggregate	\$
Fire Legal (any one premise)	\$
Medical Expense (any 1 person)	\$
Other Coverages, Restrictions, or Endorsements requested:	
Deductible \$	BI/PD per Claim - LAE

Description of Operations _____

Nature of Guided Operations (Please check all that apply)

- Hunting
- Fishing
- Backpacking
- Downhill Skiing
- Inner Tube Rental
- Aviation Exposure
- ATV or Snowmobiling
- Big Game Hunting
- Cross Country Skiing
- Horse Riding
- Canoeing or Kayaking
- Dude Ranches
- White Water Rafting
- Rappelling or rock climbing
- Bicycle or motorcycle tours
- Jeep or Hummer tours
- Hiking
- Other: _____

Please list all equipment provided on the tours: _____

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Are all guides licensed and certified and in compliance with state regulations? Yes No

Are all safety precautions and procedures in place? Yes No

Are all guides over the age of 18? Yes No

In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you? Yes No

Do you have any known events occurred prior to the proposed effective date of this policy that may result in a claim? Yes No

If yes, please describe. _____

Account Revenue Projections and History

Year	Payroll	Gross Receipts	Sub-Contracted Cost (Incl Cost of Materials)
Next 12 Months			
Prior Year			
Prior Year			

Prior Carrier Information

	Year:	Year:	Year:	Year:	Year:
Carrier					
Premium					
Deductible					
Premium Base					

Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature _____ Date _____

Agents Signature _____ Date _____